MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/937973

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5	4	/					55							
6				/			56							
7		(1)					57							
8							58							
9							59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		⬇	1	⬇		⬇	TOTAL IND.			⬇		⬇		⬇
TOTAL DEP.		↩	19	↩		↩	TOTAL DEP.			↩		↩		↩
TOTAL CLAIMS			20				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831